

Total

NAME (Last)		NAME (First)		NAME (Middle)	
BIRTH DATE					
PLACE OF RESIDENCE WHEN APPOINTED					
PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)					
CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE					
MARITAL STATUS					
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED					
IF MARRIED, INDICATE PLACE OF MARRIAGE					DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE
IF WIDOWED, INDICATE PLACE SPOUSE DIED					DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					
3. MEMBERS OF FAMILY					
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)		TELEPHONE NUMBER	
NAMES OF CHILDREN		ADDRESS		SEX	AGE
NAME OF FATHER (Or male guardian)		ADDRESS		TELEPHONE NUMBER	
NAME OF MOTHER (Or female guardian)		ADDRESS		TELEPHONE NUMBER	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?					
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
NAME (Mr, Mrs, Miss) (Last-First-Middle)				RELATIONSHIP	
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.					
5. VOLUNTARY ENTRIES					
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS					
CONTINUED ON REVERSE SIDE					
CURRENT RESIDENCE AND DEPENDENCY REPORT					

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(CONTINUED)

IN ABOVE NAME(S) ARE THE ACCOUNTS LISTED?

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☐ NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☐ NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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